

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **December 1-15, 2005**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED December 2, 2005		Applicant Identifier	
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	

5. APPLICANT INFORMATION Legal Name: Northcoast Regional Land Trust Organizational DUNS: 152130717 Address: Street: PO Box 398 City: Bayside County: Humboldt State: CA Zip Code: 95524 Country: USA			Organizational Unit: Department: Projects Division: Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr First Name: Erik Middle Name: J Last Name: Wilson Suffix: Email: e.wilson@ncrlt.org Phone Number (give area code): 707-822-2242 Fax Number (give area code): 707-822-5210		
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6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0456290		7. TYPE OF APPLICANT: (See back of form for Application Types) <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)	
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8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		9. NAME OF FEDERAL AGENCY: U.S. Fish & Wildlife Service	
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10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): No. American Wetlands Conservation Act Fund 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Humboldt County, California		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Freshwater Creek Estuary Rehabilitation Project	
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13. PROPOSED PROJECT Start Date: Ending Date:		14. CONGRESSIONAL DISTRICTS OF: a. Applicant b. Project	
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15. ESTIMATED FUNDING: <table style="width:100%;"> <tr> <td style="width:20%;">a. Federal</td> <td style="width:10%;">\$</td> <td style="width:10%; text-align: right;">50,000</td> <td style="width:10%; text-align: right;">00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td></td> <td></td> </tr> <tr> <td>c. State</td> <td>\$</td> <td style="text-align: right;">25,000</td> <td style="text-align: right;">00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td></td> <td></td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td style="text-align: right;">37,000</td> <td style="text-align: right;">00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> <td></td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td style="text-align: right;">112,000</td> <td style="text-align: right;">00</td> </tr> </table>		a. Federal	\$	50,000	00	b. Applicant	\$			c. State	\$	25,000	00	d. Local	\$			e. Other	\$	37,000	00	f. Program Income	\$			g. TOTAL	\$	112,000	00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: December 1, 2005 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal	\$	50,000	00																												
b. Applicant	\$																														
c. State	\$	25,000	00																												
d. Local	\$																														
e. Other	\$	37,000	00																												
f. Program Income	\$																														
g. TOTAL	\$	112,000	00																												

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Authorized Representative Prefix: Ms First Name: Maya Last Name: Conrad Title: Executive Director Signature of Authorized Representative:	
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Middle Name: T Suffix: Telephone Number (give area code): 707-822-2242 Date Signed: Dec 2, 2005		Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102	
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APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

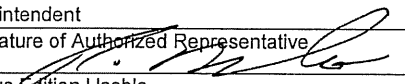
1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED November 10 2005		Applicant Identifier	
		3. DATE RECEIVED BY STATE		State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier			

5. APPLICANT INFORMATION					
Legal Name:			Organizational Unit:		
Danyelle M. Acocella dba JUST A LITTLE BIT ... MORE			Department: N/A		
Organizational DUNS: N/A			Division: N/A		
Address:			Name and telephone number of person to be contacted on matters involving this application (give area code)		
Street: 14123 Lake Wildwood Drive			Prefix: Mrs		First Name: Danyelle
City: Penn Valley			Middle Name: Monike		
County: Penn Valley			Last Name: Acocella		
State: California		Zip Code: 95946	Suffix:		
Country: USA			Email: missladyb53@yahoo.com		
6. EMPLOYER IDENTIFICATION NUMBER (EIN):			Phone Number (give area code)		Fax Number (give area code)
□□-□□□□□□□□			530-432-1522		
8. TYPE OF APPLICATION:			7. TYPE OF APPLICANT: (See back of form for Application Types)		
<input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)			Individual		
Other (specify) <input type="checkbox"/> <input type="checkbox"/>			Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:		
TITLE (Name of Program): □□-□□□□			Grant for starting and operating a new business		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):					
Norther California, Nevada County and surrounding Areas					
13. PROPOSED PROJECT			14. CONGRESSIONAL DISTRICTS OF:		
Start Date: Spring 2006		Ending Date:	a. Applicant California		b. Project N/A
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$	125,000.00	a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
b. Applicant	\$	.00	DATE:		
c. State	\$	.00	b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
d. Local	\$	.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
e. Other	\$	.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
f. Program Income	\$	.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
g. TOTAL	\$	125,000.00			

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix: Mrs		First Name: Danyelle		Middle Name: Monike	
Last Name: Acocella				Suffix:	
b. Title: Owner				c. Telephone Number (give area code): 530-432-1522	
d. Signature of Authorized Representative				e. Date Signed: November 10, 2005	

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Pre-application <input type="checkbox"/> Non-Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 3. DATE RECEIVED BY STATE 4. DATE RECEIVED BY FEDERAL AGENCY	Applicant Identifier State Application Identifier Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: Corcoran Joint Unified School District/City of Corcoran		Organizational Unit: Department: District Office	
Organizational DUNS: 074677816		Division: N/A	
Address: Street: 1520 Patterson Ave. / 1033 Chittenden Ave.		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Rich	
City: Corcoran		Middle Name (no middle name)	
County: Kings County		Last Name Merlo	
State: California	Zip Code 93212	Suffix: N/A	
Country: United States of America		Email: rmerlo@kings.k12.ca.us	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 91-2128912		Phone Number (give area code) (559) 992-3104	Fax Number (give area code) (559) 992-3957
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) H. Independent School District Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Economic Adjustment Assistance 11-307		9. NAME OF FEDERAL AGENCY: United States Economic Development Administration	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Corcoran, Kings County, Tulare County		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Regional Education/Job Training Center	
13. PROPOSED PROJECT Start Date: February 1, 2006 Ending Date: June 2007		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 20th and 21st b. Project 20th and 21st	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal \$ 272,880.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: December 1, 2005		
b. Applicant \$ 68,220.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State \$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local \$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other \$.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income \$.00	18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
g. TOTAL \$ 341,100.00	a. Authorized Representative Prefix: Mr. First Name: Rich Middle Name: (no middle name) Last Name: Merlo Suffix: N/A		
b. Title Superintendent		c. Telephone Number (give area code) (559) 992-3104	
d. Signature of Authorized Representative 		e. Date Signed 11/23/05	

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DEC 05 2005

STATE CLEARING HOUSE

Standard Form 424 (Rev.9-2003)
Prescribed by OMB Circular A-102

Application for Federal Assistance

OMB Approval No. 0348-0043

1. Type of Submission Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. Date Submitted 11/29/05	Applicant Identifier
	3. Date Received by State	State Application Identifier
	4. Date Received by Federal Agency	Federal Identifier

5. Applicant Information

Legal Name Glendora Holdings, LLC	Organizational Unit Limited Liability Corporation
Address (give city, county, State, and zip code) 5239 E. Paradise Canyon Road Paradise Valley, AZ 85253 Mricopa County	Name, telephone number, and facsimile number of the person to be contacted on matters involving this application (give area codes) Samuel D. Reed Vice President (312) 521-7651 (312) 357-1611 sam_reed@cambridgecap.com

6. Employer Identification Number (EIN)

20 - 1439426

8. Type of Application☒ New ☐ Continuation ☐ RevisionIf Revision, enter appropriate letter(s) in box(es) ☐ ☐A. Increase Award B. Decrease Award C. Increase Duration
D. Decrease Duration Other (specify)**7. Type of Applicant (enter appropriate letter in box)**

M

- A. State J. Private University
B. County K. Indian Tribe
C. Municipal L. Individual
D. Township M. Profit Organization
E. Interstate N. Non-profit
F. Intermunicipal O. Public Housing Agency
G. Special District P. Other (Specify)
H. Independent School Dist.
I. State Controlled Institution of Higher Learning

9. Name of Federal Agency

Department of Housing & Urban Development

10. Catalog of Federal Domestic Assistance NumberTitle 14.129
Mortgage Insurance - Assisted Living Facility**11. Descriptive Title of Applicant's Project**

FHA Mortgage Insurance

**12. Areas Affected by Project (cities, counties, States, etc.)**

Glendora, Los Angeles, CA 91740-5159

13. Proposed Project

Start Date	Ending Date
1/15/06	7/15/07

14. Congressional Districts of

a. Applicant	b. Project
3RD (AZ)	26TH (CA)

15. Estimated Funding Use form HUD-424-M (Matrix)

a. Federal	\$	.00
b. Applicant	\$	1,742,000
c. State	\$	.00
d. Local	\$	.00
e. Other	\$	15,678,000
f. Program Income	\$	.00
g. Total	\$	17,420,000

16. Is Application Subject to Review by State Executive Order 12372 Process?

a. Yes This preapplication/application was made available to the State Executive Order 12372 Process for review on

Date: 11/29/05

b. No Program is not covered by E.O. 12372

or ☐ Program has not been selected by State for review.**17. Is the Applicant Delinquent on Any Federal Debt?**☐ Yes If "Yes," explain below or attach an explanation ☒ No

18. To the best of my knowledge and belief, all data in this application/preapplication are true and correct, the document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Typed Name of Authorized Representative Gregory Anderson	b. Title Manager	c. Telephone Number (602) 840-5550
d. Signature of Authorized Representative		e. Date Signed

10/31/2005

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Prescribed by OMB Circular A-102

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 12/01/2005	Applicant Identifier KHWD
<input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier AIP 3-06-0103-14
5. APPLICANT INFORMATION			
Legal Name: City of Hayward - Hayward Executive Airport		Organizational Unit: Department: Public Works	
Organizational DUNS: 156241002		Division: Airport	
Address: Street: 20301 Skywest Drive		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Brent	
City: Hayward		Middle Name S.	
County: Alameda		Last Name Shiner	
State: California		Suffix:	
Zip Code 94541		Email: Brent. Shiner@hayward-ca.gov	
Country: US		Phone Number (give area code) (510) 293-5460	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000346		Fax Number (give area code) (510) 783-4556	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) C Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 20-106 TITLE (Name of Program):		9. NAME OF FEDERAL AGENCY: Federal Aviation Administration	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Hayward, Alameda County, California		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: North Side Helipad	
13. PROPOSED PROJECT Start Date: 03/01/2006 Ending Date: 11/30/2006		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 10th b. Project 10th	
15. ESTIMATED FUNDING: a. Federal \$ 1,187,500 b. Applicant \$ 62,500 c. State \$ d. Local \$ e. Other \$ f. Program Income \$ g. TOTAL \$ 1,250,000		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 12/01/2005 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
a. Authorized Representative Prefix Mr. First Name Jesus Middle Name Suffix		c. Telephone Number (give area code) (510) 583-4300	
b. Title City Manager		e. Date Signed	
d. Signature of Authorized Representative			

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Authorized for Local ReproductionStandard Form 424 (Rev.9-2003)
Prescribed by OMB Circular A-102ATTEST: Angelina Reyes
Angelina Reyes, City Clerk

APPROVED AS TO FORM:

City Attorney for the City of Hayward Date

11-21-05

Version 7/03

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 12/05/2005	Applicant Identifier	
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
5. APPLICANT INFORMATION		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
Legal Name: COUNTY OF SAN DIEGO		Organizational Unit: Department: PUBLIC WORKS		
Organizational DUNS: 00-9581646		Division: AIRPORTS		
Address: Street: 1960 JOE CROSSON DR. City: EL CAJON County: SAN DIEGO State: CA Zip Code: 92020		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: PETER Middle Name: Last Name: DRINKWATER Suffix:		
Country: USA		Email: Peter.Drinkwater@adcounty.ca.gov		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6000934		Phone Number (give area code) (619) 956-4839		Fax Number (give area code) (619) 956-4801
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) B Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 20-106 TITLE (Name of Program): AIRPORTS IMPROVEMENT PROGRAM (AIP)		9. NAME OF FEDERAL AGENCY: FEDERAL AVIATION ADMINISTRATION		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): San Diego County, El Cajon, CA		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: GILLESPIE FIELD AIRPORT - CONSTRUCT WEST TRANSIENT APRON, (RSAT).		
13. PROPOSED PROJECT Start Date: TBD Ending Date: TBD		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 52 b. Project 52		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$ 2,517,500	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 12/05/05		
b. Applicant	\$ 6,625	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$ 125,675	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$	18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
g. TOTAL	\$ 2,650,000	a. Authorized Representative Prefix: First Name: PETER Middle Name: L. Last Name: DRINKWATER Suffix:		
b. Title DIRECTOR OF COUNTY AIRPORTS		c. Telephone Number (give area code) (619) 956-4839		
d. Signature of Authorized Representative		e. Date Signed 12/05/05		

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Prescribed by OMB Circular A-102

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APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 12/05/2005	Applicant Identifier
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
5. APPLICANT INFORMATION Legal Name:		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
COUNTY OF SAN DIEGO		Organizational Unit: Department: PUBLIC WORKS	
Organizational DUNS: 00-9581646		Division: AIRPORTS	
Address: Street: 1960 JOE CROSSON DR. City: EL CAJON County: SAN DIEGO State: CA Zip Code: 92020 Country: USA		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: PETER Middle Name: Last Name: DRINKWATER Suffix: Email: Peter.Drinkwater@sdcounty.ca.gov Phone Number (give area code): (619) 956-4839 Fax Number (give area code): (619) 956-4801	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6000934		7. TYPE OF APPLICANT: (See back of form for Application Types) B Other (specify):	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify):		9. NAME OF FEDERAL AGENCY: FEDERAL AVIATION ADMINISTRATION	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 20-106 TITLE (Name of Program): AIRPORT IMPROVEMENT PROGRAM (AIP)		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: McCLELLAN-PALOMAR AIRPORT - REHABILITATE RUNWAY 6/24 AND DESIGN PROJECTS	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): CARLSBAD, CA		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 52 b. Project 51	
13. PROPOSED PROJECT Start Date: TBD Ending Date: TBD		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 12/05/05 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
15. ESTIMATED FUNDING: a. Federal \$ 1,092,500 b. Applicant \$ 57,500 c. State \$ d. Local \$ e. Other \$ f. Program Income \$ g. TOTAL \$ 1,150,000		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative Prefix: First Name: PETER Middle Name: L. Last Name: DRINKWATER Suffix: b. Title: DIRECTOR OF COUNTY AIRPORTS c. Telephone Number (give area code): (619) 956-4839 d. Signature of Authorized Representative: e. Date Signed: 12/05/05			

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED December 2, 2005 3. DATE RECEIVED BY STATE 4. DATE RECEIVED BY FEDERAL AGENCY		Applicant Identifier State Application Identifier Federal Identifier	
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5. APPLICANT INFORMATION Legal Name: Jacoby Creek Land Trust Organizational DUNS: 116702510 Address: Street: 2182 Old Arcata Rd., PO Box 33 City: Bayside County: Humboldt State: CA Zip Code: 95524 Country: USA		Organizational Unit: Department: Division: Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Susan Middle Name: Deborah Last Name: Ornelas Suffix: Email: jclandtrust@yahoo.com Phone Number (give area code): 707-822-0900 Fax Number (give area code): N/A	
---	--	--	--

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-3159789		7. TYPE OF APPLICANT: (See back of form for Application Types) <input type="checkbox"/> Not for Profit <input type="checkbox"/> Other (specify)	
---	--	--	--

8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		9. NAME OF FEDERAL AGENCY:	
---	--	-----------------------------------	--

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-0223 TITLE (Name of Program): North American Wetlands Conservation Act		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Kokte Wetland and Upland Restoration Project	
--	--	--	--

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Jacoby Creek, Bayside		13. PROPOSED PROJECT Start Date: July 2006 Ending Date: June 2008	
---	--	--	--

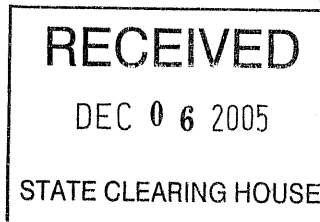
14. CONGRESSIONAL DISTRICTS OF: a. Applicant District 1 b. Project District 1		15. ESTIMATED FUNDING: <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">a. Federal</td> <td style="width:10%;">\$</td> <td style="width:10%; text-align: right;">26,565</td> <td style="width:10%; text-align: right;">.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td style="text-align: right;">30,900</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td style="text-align: right;">1,800</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td style="text-align: right;">1,050</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td style="text-align: right;">0</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td style="text-align: right;">0</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td style="text-align: right;">60,315</td> <td style="text-align: right;">.00</td> </tr> </table>		a. Federal	\$	26,565	.00	b. Applicant	\$	30,900	.00	c. State	\$	1,800	.00	d. Local	\$	1,050	.00	e. Other	\$	0	.00	f. Program Income	\$	0	.00	g. TOTAL	\$	60,315	.00
a. Federal	\$	26,565	.00																												
b. Applicant	\$	30,900	.00																												
c. State	\$	1,800	.00																												
d. Local	\$	1,050	.00																												
e. Other	\$	0	.00																												
f. Program Income	\$	0	.00																												
g. TOTAL	\$	60,315	.00																												

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: December 2, 2005 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
--	--	--	--

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.											
a. Authorized Representative <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">Prefix Ms.</td> <td style="width:20%;">First Name Susan</td> <td style="width:20%;">Middle Name Deborah</td> <td style="width:40%;">Suffix</td> </tr> <tr> <td colspan="3">Last Name Ornelas</td> <td></td> </tr> </table>				Prefix Ms.	First Name Susan	Middle Name Deborah	Suffix	Last Name Ornelas			
Prefix Ms.	First Name Susan	Middle Name Deborah	Suffix								
Last Name Ornelas											
b. Title Executive Director		c. Telephone Number (give area code) 707-822-0900									
d. Signature of Authorized Representative <i>Susan Ornelas</i>		e. Date Signed December 1, 2005									

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Version 7/03

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 12/05/2005	Applicant Identifier	
<input checked="" type="checkbox"/> Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
<input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION				
Legal Name: COUNTY OF SAN DIEGO		Organizational Unit: Department: PUBLIC WORKS		
Organizational DUNS: 00-9581646		Division: AIRPORTS		
Address: Street: 1960 JOE CROSSON DR.		Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: EL CAJON		Prefix:	First Name: PETER	
County: SAN DIEGO		Middle Name		
State: CA Zip Code: 92020		Last Name: DRINKWATER		
Country: USA		Suffix:		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6000934		Phone Number (give area code) (619) 956-4839		Fax Number (give area code) (619) 956-4801
7. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) B Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 20-106 TITLE (Name of Program): AIRPORT IMPROVEMENT PROGRAM (AIP)		9. NAME OF FEDERAL AGENCY: FEDERAL AVIATION ADMINISTRATION		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): CARLSBAD, CA		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: McCLELLAN-PALOMAR AIRPORT - Runway & Taxiway Safety Area Improvement, Phase II		
13. PROPOSED PROJECT Start Date: TBD Ending Date: TBD		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 52 b. Project 51		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$ 5,367,500	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 12/05/05		
b. Applicant	\$ 282,500	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$			
g. TOTAL	\$ 5,650,000			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix	First Name: PETER	Middle Name		
Last Name: DRINKWATER	Suffix			
b. Title: DIRECTOR OF COUNTY AIRPORTS	c. Telephone Number (give area code): (619) 956-4839			
d. Signature of Authorized Representative	e. Date Signed: 12/05/05			

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Standard Form 424 (Rev. 9-2003)
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APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED December 5, 2005	Applicant Identifier
3. DATE RECEIVED BY STATE		State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION			
Legal Name: County of Ventura Redevelopment Agency		Organizational Unit: Department: CEO	
Organizational DUNS:		Division: Redevelopment Agency	
Address: Street: Chief Executive Office 800 S. Victoria Ave. L1940		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: Middle Name: Last Name: Suffix:	
City: Ventura		First Name: Monica	
County: Ventura		Middle Name:	
State: CA		Last Name: Nolan	
Zip Code: 93009		Suffix:	
Country:		Email: monica.nolan@ventura.org	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6000944		Phone Number (give area code) (805) 662-6868	Fax Number (give area code) (805) 654-5106
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) Other (specify) Redevelopment Agency	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): USDA Water & Waste Disposal Loan 10-760		9. NAME OF FEDERAL AGENCY: USDA Rural Development	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Community of Piru, Ventura County, CA		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Storm Drain Construction	
13. PROPOSED PROJECT Start Date: 6/6/06 Ending Date: 1/6/07		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 24th b. Project 24th	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 750,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON	
b. Applicant	\$ 160,000.00	DATE:	
c. State	\$.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
d. Local	\$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
e. Other	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
f. Program Income	\$.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
g. TOTAL	\$ 910,000.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix	First Name Monica	Middle Name	
Last Name Nolan		Suffix	
b. Title Program Management Analyst		c. Telephone Number (give area code) (805) 662-6868	
d. Signature of Authorized Representative <i>Monica Nolan</i>		e. Date Signed 12/2/05	

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Prescribed by OMB Circular A-102

Version 9/03

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 12/12/2005	Applicant Identifier _____
		3. DATE RECEIVED BY STATE _____	State Application Identifier _____
4. DATE RECEIVED BY FEDERAL AGENCY _____		Federal Identifier _____	

5. APPLICANT INFORMATION																						
* Legal Name: Los Angeles Conservation Corps * Organizational DUNS: 161928122	Organizational Unit: Department: Young Adult Corps Division: SEA Lab																					
Address: * Street1: 3655 S. Grand Ave., Suite 280 Street2: _____ * City: Los Angeles County: Los Angeles * State: CA * Zip Code: 90007 * Country: USA	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. * First Name: Phil Middle Name: _____ * Last Name: Matero Suffix: _____ * Email: pmatero@lacorps.org * Phone Number (give area code) 213-747-1872, ext. 310 Fax Number (give area code) 213-747-2944																					
6. * EMPLOYER IDENTIFICATION NUMBER (EIN): 95-4002138	7. * TYPE OF APPLICANT: Institution (Other than Institution of Higher Education) _____																					
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify): _____	9. * NAME OF FEDERAL AGENCY: National Oceanic and Atmospheric Administration																					
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE 11,463 TITLE: Habitat Conservation	11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Los Angeles Conservation Corps Marine Debris Prevention Project: We will install waste receptacles and provide educational outreach to users of the jetties located with the City of Redondo Beach.																					
12. * AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Redondo Beach, County of Los Angeles	14. * CONGRESSIONAL DISTRICTS OF: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>* a. Applicant</td> <td>* b. Project</td> </tr> <tr> <td>31</td> <td>36</td> </tr> </table>	* a. Applicant	* b. Project	31	36																	
* a. Applicant		* b. Project																				
31	36																					
13. * PROPOSED PROJECT: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>* Start Date</td> <td>* Ending Date</td> </tr> <tr> <td>07/01/2006</td> <td>06/30/2007</td> </tr> </table>	* Start Date	* Ending Date	07/01/2006	06/30/2007																		
* Start Date	* Ending Date																					
07/01/2006	06/30/2007																					
15. * ESTIMATED FUNDING: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>* a. Federal</td> <td>\$</td> <td>75,369.35</td> </tr> <tr> <td>* b. Applicant</td> <td>\$</td> <td>58,865.14</td> </tr> <tr> <td>* c. State</td> <td>\$</td> <td>0.00</td> </tr> <tr> <td>* d. Local</td> <td>\$</td> <td>0.00</td> </tr> <tr> <td>* e. Other</td> <td>\$</td> <td>0.00</td> </tr> <tr> <td>* f. Program Income</td> <td>\$</td> <td>0.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td>124,234.49</td> </tr> </table>	* a. Federal	\$	75,369.35	* b. Applicant	\$	58,865.14	* c. State	\$	0.00	* d. Local	\$	0.00	* e. Other	\$	0.00	* f. Program Income	\$	0.00	g. TOTAL	\$	124,234.49	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: <input checked="" type="checkbox"/> YES DATE 12/08/2005 b. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
* a. Federal	\$	75,369.35																				
* b. Applicant	\$	58,865.14																				
* c. State	\$	0.00																				
* d. Local	\$	0.00																				
* e. Other	\$	0.00																				
* f. Program Income	\$	0.00																				
g. TOTAL	\$	124,234.49																				
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No																						
18. * TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																						
a. Authorized Representative Prefix: _____ * First Name: Bruce Middle Name: _____ * Last Name: Salto Suffix: _____ * b. Title: Executive Director * c. Telephone Number (give area code): 213-362-9000, ext. 203 * Email: bsalto@lacorps.org Fax Number (give area code): _____																						
d. Signature of Authorized Representative: Completed on submission to Grants.gov	e. Date Signed: Completed on submission to Grants.gov																					

APPLICATION FOR
FEDERAL ASSISTANCE

Version 9/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 12/09/2005	Applicant Identifier 20060426
3. DATE RECEIVED BY STATE 		State Application Identifier 	
4. DATE RECEIVED BY FEDERAL AGENCY 		* Federal Identifier NOS-CSC-2006-2000454	
5. APPLICANT INFORMATION			
* Legal Name: The Regents of the University of California		Organizational Unit:	
* Organizational DUNS: 125084723		Department: Institute of Marine Sciences	
Address:		Division:	
* Street1: 1156 High Street		Name and telephone number of person to be contacted on matters involving this application (give area code)	
Street2:		Prefix: * First Name: Cindy	
* City: Santa Cruz County: Santa Cruz		Middle Name:	
* State: CA * Zip Code: 95064 * Country: USA		* Last Name: Plasman	
6. * EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1539563		Suffix: * Email: cplasman@ucsc.edu	
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify):		* Phone Number (give area code) Fax Number (give area code) (831) 459-2520 (831) 459-5353	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE 11.473 TITLE: Coastal Services Center		7. * TYPE OF APPLICANT: a-Controlled Institution of Higher Education	
12. * AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Santa Cruz, Monterey and San Benito Counties		9. * NAME OF FEDERAL AGENCY: National Oceanic and Atmospheric Administration	
13. * PROPOSED PROJECT:		11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: From Wind to Whales: Using an Integrated Ocean Observation System to Understand California's Upwelling Ecosystem	
* Start Date 08/01/2006 * Ending Date 07/31/2007		14. * CONGRESSIONAL DISTRICTS OF:	
15. * ESTIMATED FUNDING:		* a. Applicant 17 * b. Project 17	
* a. Federal \$ 1,940,106.00		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
* b. Applicant \$ 0.00		a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:	
* c. State \$ 0.00		<input checked="" type="checkbox"/> YES DATE 12/12/2005	
* d. Local \$ 0.00		b. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372	
* e. Other \$ 0.00		<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
* f. Program Income \$ 0.00		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
g. TOTAL \$ 1,940,106.00		<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. * TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative Prefix: * First Name: Cindy Middle Name: * Last Name: Plasman Suffix:			
* b. Title: Senior Research Administrator * c. Telephone Number (give area code): (831) 459-2520			
* Email: cplasman@pacbell.net Fax Number (give area code): (831) 459-5353			
d. Signature of Authorized Representative:		e. Date Signed: Completed on submission to Grants.gov	

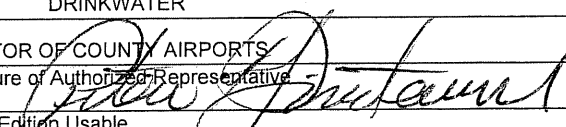
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APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED		Applicant Identifier	
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION				Organizational Unit:	
Legal Name: The Regents of the University of California				Department: Marine Science Institute	
Organizational DUNS: 09-467-8394				Division:	
Address: Street: Office of Research, University of California, 3227 Cheadle Hall, 3rd Floor				Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Santa Barbara				Prefix: Dr.	First Name: Patricia
County: Santa Barbara				Middle Name: M.	
State: California				Last Name: Halpin	
Zip Code: 93106-2050				Suffix:	
Country: USA				Email: halpin@lifesci.ucsb.edu	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6006145				Phone Number (give area code): (805) 693-5314	
				Fax Number (give area code): (805) 893-8797	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)				7. TYPE OF APPLICANT: (See back of form for Application Types) 1 - State Controlled Institution of Higher Learning Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11-463				9. NAME OF FEDERAL AGENCY: National Marine Fisheries Service (NOAA Fisheries)	
TITLE (Name of Program): Community-based Marine Debris Prevention and Removal Project Grants				11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Ocean Debris Prevention and Removal in South Central California and the Channel Islands National Marine Sanctuary	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Santa Barbara & Ventura Counties, Calif.; Channel Islands Nat'l Marine Sanct.				14. CONGRESSIONAL DISTRICTS OF: a. Applicant 23 b. Project 23 & 24	
13. PROPOSED PROJECT Start Date: June 1, 2006 Ending Date: December 31, 2007				16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 12/12/05 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
15. ESTIMATED FUNDING:				17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
a. Federal \$ 143,466					
b. Applicant \$ 25,250					
c. State \$ 0					
d. Local \$ 93,765					
e. Other \$ 0					
f. Program Income \$ 0					
g. TOTAL \$ 262,481					
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix Ms.		First Name Cora		Middle Name	
Last Name Diaz				Suffix	
b. Title Sponsored Projects Officer				c. Telephone Number (give area code) (805) 893-4035	
d. Signature of Authorized Representative				e. Date Signed	

**APPLICATION FOR
FEDERAL ASSISTANCE**

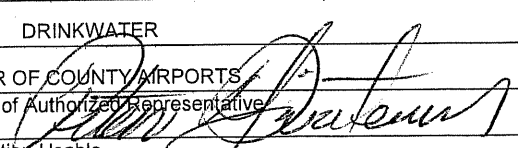
Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 12/05/2005		Applicant Identifier																						
		3. DATE RECEIVED BY STATE		State Application Identifier																						
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier																								
5. APPLICANT INFORMATION																										
Legal Name: COUNTY OF SAN DIEGO			Organizational Unit: Department: PUBLIC WORKS																							
Organizational DUNS: 00-9581646			Division: AIRPORTS																							
Address: Street: 1960 JOE CROSSON DR. City: EL CAJON County: SAN DIEGO State: CA Zip Code: 92020 Country: USA			Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: PETER Middle Name: Last Name: DRINKWATER Suffix: Email: Peter.Drinkwater@sdcounty.ca.gov																							
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6000934			Phone Number (give area code) (619) 956-4839		Fax Number (give area code) (619) 956-4801																					
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)			7. TYPE OF APPLICANT: (See back of form for Application Types) B Other (specify)																							
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): AIRPORTS IMPROVEMENT PROGRAM (AIP)			9. NAME OF FEDERAL AGENCY: FEDERAL AVIATION ADMINISTRATION																							
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): San Diego County, El Cajon, CA			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: GILLESPIE FIELD AIRPORT - CONSTRUCT WEST TRANSIENT APRON, (RSAT).																							
13. PROPOSED PROJECT Start Date: TBD Ending Date: TBD			14. CONGRESSIONAL DISTRICTS OF: a. Applicant 52 b. Project 52																							
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?																							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>a. Federal</td> <td>\$</td> <td>2,517,500.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td>6,625.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td>125,875.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td>2,650,000.00</td> </tr> </table>			a. Federal	\$	2,517,500.00	b. Applicant	\$	6,625.00	c. State	\$	125,875.00	d. Local	\$.00	e. Other	\$.00	f. Program Income	\$.00	g. TOTAL	\$	2,650,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 12/05/05 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
a. Federal	\$	2,517,500.00																								
b. Applicant	\$	6,625.00																								
c. State	\$	125,875.00																								
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e. Other	\$.00																								
f. Program Income	\$.00																								
g. TOTAL	\$	2,650,000.00																								
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No																										
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																										
a. Authorized Representative Prefix: First Name: PETER Middle Name: L. Last Name: DRINKWATER Suffix: b. Title: DIRECTOR OF COUNTY AIRPORTS c. Telephone Number (give area code): (619) 956-4839 d. Signature of Authorized Representative:  e. Date Signed: 12/05/05																										

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 12/05/2005		Applicant Identifier	
		3. DATE RECEIVED BY STATE		State Application Identifier	
<input type="checkbox"/> Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	

5. APPLICANT INFORMATION																							
Legal Name:		Organizational Unit:																					
COUNTY OF SAN DIEGO		Department: PUBLIC WORKS																					
Organizational DUNS: 00-9581646		Division: AIRPORTS																					
Address:		Name and telephone number of person to be contacted on matters involving this application (give area code)																					
Street:		Prefix: First Name: PETER																					
1960 JOE CROSSON DR.		Middle Name																					
City: EL CAJON		Last Name: DRINKWATER																					
County: SAN DIEGO		Suffix:																					
State: CA	Zip Code: 92020	Email: Peter.Drinkwater@sdcounty.ca.gov																					
Country: USA		Phone Number (give area code): (619) 956-4839																					
		Fax Number (give area code): (619) 956-4801																					
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6000934																							
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)																							
7. TYPE OF APPLICANT: (See back of form for Application Types) B Other (specify)																							
9. NAME OF FEDERAL AGENCY: FEDERAL AVIATION ADMINISTRATION																							
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 20-106 TITLE (Name of Program): AIRPORT IMPROVEMENT PROGRAM (AIP)																							
11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: MCCLELLAN-PALOMAR AIRPORT - REHABILITATE RUNWAY 6/24 AND DESIGN PROJECTS																							
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): CARLSBAD, CA																							
13. PROPOSED PROJECT Start Date: TBD Ending Date: TBD																							
14. CONGRESSIONAL DISTRICTS OF: a. Applicant 52 b. Project 51																							
15. ESTIMATED FUNDING: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>a. Federal</td> <td>\$</td> <td>1,092,500.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td>57,500.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td>1,150,000.00</td> </tr> </table>			a. Federal	\$	1,092,500.00	b. Applicant	\$	57,500.00	c. State	\$.00	d. Local	\$.00	e. Other	\$.00	f. Program Income	\$.00	g. TOTAL	\$	1,150,000.00
a. Federal	\$	1,092,500.00																					
b. Applicant	\$	57,500.00																					
c. State	\$.00																					
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f. Program Income	\$.00																					
g. TOTAL	\$	1,150,000.00																					
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17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No																							
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a. Authorized Representative Prefix: First Name: PETER Middle Name: L. Last Name: DRINKWATER b. Title: DIRECTOR OF COUNTY AIRPORTS c. Telephone Number (give area code): (619) 956-4839 d. Signature of Authorized Representative:  e. Date Signed: 12/05/05																							

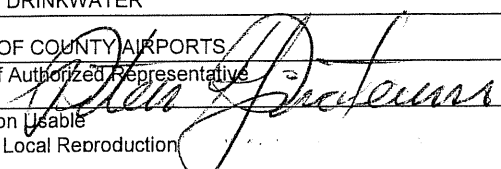
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Standard Form 424 (Rev.9-2003)
Prescribed by OMB Circular A-102

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 12/05/2005	Applicant Identifier														
		3. DATE RECEIVED BY STATE	State Application Identifier														
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier														
5. APPLICANT INFORMATION																	
Legal Name: COUNTY OF SAN DIEGO		Organizational Unit: Department: PUBLIC WORKS															
Organizational DUNS: 00-9581646		Division: AIRPORTS															
Address: Street: 1960 JOE CROSSON DR. City: EL CAJON County: SAN DIEGO State: CA Zip Code: 92020 Country: USA		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: PETER Middle Name: Last Name: DRINKWATER Suffix: Email: Peter.Drinkwater@sdcounty.ca.gov															
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6000934		Phone Number (give area code) (619) 956-4839	Fax Number (give area code) (619) 956-4801														
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) B Other (specify)															
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): AIRPORT IMPROVEMENT PROGRAM (AIP)		9. NAME OF FEDERAL AGENCY: FEDERAL AVIATION ADMINISTRATION															
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): CARLSBAD, CA		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: McCLELLAN-PALOMAR AIRPORT - Runway & Taxiway Safety Area Improvement, Phase II															
13. PROPOSED PROJECT Start Date: TBD Ending Date: TBD		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 52 b. Project 51															
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?															
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>a. Federal</td> <td style="text-align: right;">5,367,500.00</td> </tr> <tr> <td>b. Applicant</td> <td style="text-align: right;">282,500.00</td> </tr> <tr> <td>c. State</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>d. Local</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>e. Other</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>f. Program Income</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>g. TOTAL</td> <td style="text-align: right;">5,650,000.00</td> </tr> </table>		a. Federal	5,367,500.00	b. Applicant	282,500.00	c. State	.00	d. Local	.00	e. Other	.00	f. Program Income	.00	g. TOTAL	5,650,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 12/05/05 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal	5,367,500.00																
b. Applicant	282,500.00																
c. State	.00																
d. Local	.00																
e. Other	.00																
f. Program Income	.00																
g. TOTAL	5,650,000.00																
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.															
a. Authorized Representative																	
Prefix: First Name: PETER		Middle Name: L.															
Last Name: DRINKWATER		Suffix:															
b. Title DIRECTOR OF COUNTY AIRPORTS		c. Telephone Number (give area code) (619) 956-4839															
d. Signature of Authorized Representative 		e. Date Signed 12/05/05															

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03 (DFGs - 10/2005)

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED December 12, 2005		Applicant Identifier	
<input type="checkbox"/> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
<input type="checkbox"/> Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
		RECEIVED		new grant proposal	
5. APPLICANT INFORMATION					
Legal Name:		State of California		Organizational Unit:	
Organizational DUNS:		808322358		Department: Fish and Game	
Address:		STATE CLEARING HOUSE		Division: Fisheries Programs Branch	
Street: 1812 Ninth Street		Name and telephone number of the person to be contacted on matters involving this application (give area code)			
City: Sacramento		Prefix: First Name: Carolyn			
County: Sacramento		Middle Name:			
State: CA		Last Name: Murata			
Country: US		Suffix:			
Zip Code: 95814		E-mail: cmurata@dfg.ca.gov			
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1697567		Phone Number (give area code) (916) 445-3559		FAX Number (give area code) (916) 445-4044	
8. TYPE OF APPLICATION:		7. TYPE OF APPLICANT: (See back of form for Application Types)			
<input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		A. State			
If Revision, enter appropriate letter(s) in box(es): (See back of form for description of letters.)		Other (specify)			
Other (specify)		9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, Fish and Wildlife Service			
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15 - 605		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: New 5-year Grant Proposal/Project entitled, Central Valley Salmon and Steelhead Angler Survey. Project narrative attached.			
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Sacramento County		13. PROPOSED PROJECT:			
Start Date: 7/1/2005		Ending Date: 06/30/10			
14. CONGRESSIONAL DISTRICTS OF:		a. Applicant 3			
b. Project 3		15. ESTIMATED FUNDING:			
a. Federal \$ \$3,702,547.00		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
b. Applicant \$		a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON			
c. State \$ \$1,234,183.00		DATE: 12-14-05			
d. Local \$		b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372			
e. Other \$		OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
f. Program Income \$		17. IS THE APPLICATION DELINQUENT ON ANY FEDERAL DEBT?			
g. TOTAL \$ \$4,936,730.00		<input type="checkbox"/> Yes. If "Yes" attach an explanation. <input checked="" type="checkbox"/> No.			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix		First Name Renee		Middle Name	
Last Name Renwick		Suffix		c. Telephone Number (give area code) (916) 653-4633	
b. Title Deputy Director, Administration		e. Date Signed 12-13-05			
d. Signature of Authorized Representative <i>Renee Renwick</i>					

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Standard Form 424 (REV. 9-2003) DFGs rev. 10/2005

Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED December 12, 2005	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: City of Morro Bay		Organizational Unit: Harbor Department	
Address (give city, county, State, and zip code): 595 Harbor St., Morro Bay CA 93442 San Luis Obispo County		Name and telephone number of person to be contacted on matters involving this application (give area code) Eric Endersby, 805-772-6254	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-2308629		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ </div> </div> <div style="text-align: right; border: 1px solid black; width: 30px; height: 20px; line-height: 20px; margin-left: auto;">C</div>	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: Department of Agriculture	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="text-align: right;">10-766</div> TITLE: Community Facilities Grant		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: First Responder Equipment Purchase	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Morro Bay, Cayucos, Los Osos/Baywood San Luis Obispo County, California			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 3/1/06	Ending Date 2/28/07	a. Applicant 23rd Congressional Dis.	
		b. Project 23rd Congressional District	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 22,810.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b. Applicant	\$ 42,361.00		
c. State	\$.00		
d. Local	\$.00		
e. Other	\$.00		
f. Program Income	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
g. TOTAL	\$ 65,171.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Robert Hendrix		b. Title City Manager	
c. Telephone Number 805-772-6206		e. Date Signed 12-13-05	
d. Signature of Authorized Representative 